

CLAIMS ONLY

Application Number.

-Filing Date,

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	1					
26		1				
27		1				
28						
29						
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	13					
Total Depend						
Total Claims	13					

BEST AVAILABLE COPY